

Notice of Privacy Practices for BlueCHIP Enrollees

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

BlueCHIP is an organized health care arrangement between Blue Cross and Blue Shield of Montana (BCBSMT), the State of Montana Department of Public Health and Human Services (DPHHS) and participating providers. DPHHS determines eligibility and administers eyeglass and dental services, BCBSMT administers all other benefits for the program, and the participating providers furnish care and treatment.

We recognize the importance of maintaining the confidentiality and security of your protected health information. Whether it is your medical information or identifiable information (such as your name, address, phone number or member identification number), we maintain safeguards to protect you against unauthorized access or use.

We are required to give you this Notice about our privacy practices, explaining our legal duties and your rights concerning your protected health information. We hope that this Notice will clarify our responsibilities to you and provide you with an understanding of your rights.

This notice is effective April 14, 2003.

Permitted Handling of Your Protected Health Information Without an Authorization

In administering your health benefits, we handle and use your protected health information in a number of ways. The following examples show you the uses and disclosures we are permitted by law to make without your authorization:

Treatment. We may use or disclose your protected health information to a physician or other health care provider (such as a hospital or pharmacist) in order to provide treatment to you. We may also disclose your protected health information to health care providers in our effort to provide you with preventive health, early detection and case management programs.

We may provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment. We may use or disclose your protected health information to:

- Pay claims from health care providers for services delivered to you
- Determine your eligibility for benefits
- Coordinate benefits, care or other services
- Determine medical necessity, care appropriateness or charge justification
- Obtain premiums
- Issue Explanations of Benefits (EOBs)

We also may use and disclose your protected health information to determine premium costs, underwriting, and rates.

Health care operations. We may use or disclose your protected health information in connection with our health care operations. Examples of health care operations include, but are not limited to:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care providers
- Fraud and abuse detection and compliance programs
- Performance measurement and outcome assessments

- Responses to complaints, appeals or external reviews

Business Associates. We contract with individuals and other entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these services, Business Associates may receive, create, maintain, use, or disclose protected health information, but only if the Business Associate has agreed in writing to safeguard your protected health information. For example, we may disclose your protected health information to a Business Associate to provide case management or pharmacy benefits.

Additional Uses Or Disclosures Permitted Without an Authorization

Required by law. We may use or disclose your protected health information as required by state or federal law, including disclosing your protected health information to you.

Health oversight activities. We may disclose your protected health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Examples of oversight agencies include State Commissioner of Insurance, U.S. Department of Health and Human Services, the U.S. Department of Labor, and the U.S. Food and Drug Administration.

Legal proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to a court order or administrative tribunal, or in response to a subpoena, discovery request or other lawful subpoena.

Public health activities. We may disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

Abuse, neglect or domestic violence. We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

Law enforcement. We may disclose your protected health information to law enforcement officials for law enforcement purposes. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or as necessary to provide information concerning victims of crimes.

Coroners, medical examiners, funeral directors and organ donation. We may disclose your protected health information to a coroner or medical examiner during their investigations. We may also disclose protected health information to funeral directors to carry out their duties. Further, we may disclose your protected health information to organizations that handle donations of organs, eyes or tissue and transplantations. For example, if you are an organ donor, we can release records to an organ donation facility.

Research. We may use or disclose your protected health information for research purposes when certain established measures are taken to protect your privacy. For example, we may disclose protected health information to a teaching university to conduct medical research.

To prevent a serious threat to health or safety. We may use or disclose your protected health information to the extent necessary to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

Military activity and national security. We may disclose your protected health information to armed forces personnel under certain circumstances (e.g., for active duty, at separation of or termination from active duty, for veterans administration and for foreign service personnel), and to authorized federal officials for national security and intelligence activities.

Correctional institutions. If you are an inmate, we may disclose your protected health information to your correctional facility to help provide your health care or to ensure the safety of yourself or others.

Workers' Compensation. We may use or disclose your protected health information as required by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illnesses.

Disclosures of Your Protected Health Information with Your Informal Permission or Authorization

Others involved in your health care. If you give us verbal permission or if your permission can be implied, for example, during an emergency and while you are unconscious, we may disclose information to a family member or others who call on your behalf. The kind of information we will disclose in such a circumstance is the status of your enrollment or of a claim, amount paid and payment date. We will not disclose medical information such as diagnosis without a written authorization.

Authorizations. You may give us written authorization to use your protected health information or to disclose it to anyone for any other purpose. Authorizations are valid for two years unless you provide a written request to revoke the authorization. You may revoke an authorization at any time but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this Notice.

Your Rights

Right to Inspect and Copy: You have the right to look at or get copies of protected health information contained in a "designated record set" with limited exceptions. A designated record set is a group of records that are used to administer your health benefits. This includes enrollment, claims adjudication, or case or medical management records. To exercise your right, you must submit your request in writing to the Privacy Office address listed at the end of this notice or you may obtain a form to complete by calling the phone number at the end of this Notice. If you prefer, we will prepare a summary of your protected health information. We may charge you a reasonable cost-based fee for costs associated with your request.

We may deny your request to look at or get copies of your protected health information in certain limited circumstances. If you are denied access to your information, you may have the right to request that the denial be reviewed. To request a review, you must contact us at the Privacy Office address provided in this Notice. A licensed health care provider will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable.

Right to Amend: If you believe that your protected health information contained in a designated record set is incorrect or incomplete, you may request that we amend your information. Your request must be in writing and sent to the Privacy Office address provided in this Notice. Additionally, your request should include the reason the amendment is necessary.

We do not amend records in the following circumstances:

- We do not have the information you requested
- We did not create the records you want amended
- We have determined the records are accurate and correct
- The records are covered by the federal Clinical Laboratory Improvement Act
- The records have been compiled in anticipation of a civil, criminal or administrative action or proceeding.

If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

If we deny your request, we will notify you in writing. You may respond with a statement of disagreement, and we have a right to rebut that statement.

Right to an Accounting: You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment or health care operations or not otherwise authorized by you. You should know that most disclosures of protected health information are for payment, health care operations or by your authorization. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed and the purpose of the disclosure.

Your request for an accounting must be submitted in writing to the Privacy Office address listed in this Notice. If you request an accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for the additional requests.

The requirement that we provide you with information about the times we have disclosed your protected health information applies for six years from the date of the disclosure. This applies only to disclosures made after April 14, 2003.

Right to Request a Restriction: You have the right to request a restriction on the protected health information we use or disclose about you for payment or health care operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Your request for restriction must be submitted in writing to the Privacy Office address listed in this Notice.

Right to Request Confidential Communication: You have the right to request confidential communication of your protected health information if you believe that a disclosure of all or part of your protected health information may endanger you. We will make every effort to accommodate your request if it is reasonable and you provide an alternate manner or location for receiving our communications.

Although we may agree to confidential communications, you should know that accumulated deductibles and copayments may appear on subscriber Explanation of Benefits that may reveal that you obtained health care services for which we paid.

You may exercise your right to confidential communication by contacting Customer Service at the address or phone number listed on your member card. For our records, we will need your request in writing.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

Right to file a complaint. You have the right to file a complaint if you think either BCBSMT or DPHHS may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information. You may file a complaint by:

1. Calling Customer Service at 1-800-447-2878;
2. Filing a written complaint against BCBSMT at:
Privacy Office
Blue Cross and Blue Shield of Montana
PO BOX 4309
Helena, MT 59604

3. Filing a written complaint against DPHHS at:
Privacy Office
DPHHS
PO Box 20295
Helena, MT 59620
4. Contacting the Montana Commissioner of Insurance at 406-444-2040 or 1-800-332-6148; or
5. Notifying the Secretary of the U.S. Department of Health and Human Services (HHS) at
Medical Privacy Complaint Division
Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Please be assured that we will not take retaliatory action against you if you file a complaint about our privacy practices either with the Montana Commissioner of Insurance, HHS or us.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We will abide by the terms of the Notice currently in effect.

Future Changes

Although we follow the privacy practices described in this Notice, you should know that under certain circumstances these practices could change in the future. For example, if privacy laws change, we will change our practices to comply with the law. Should this occur:

- We will send a new Notice to you prior to making a significant change in our practices; and
- The changes will apply to all protected health information we have in our possession, including any information created or received before we changed the Notice.